

Steven L. Beshear Governor

Daniel Mongiardo Lieutenant Governor

KENTUCKY LABOR CABINET Department of Workers' Claims

657 Chamberlin Avenue Frankfort, KY 40601 Telephone: (502) 564-5550 www.labor.ky.gov/workersclaims J. R. Gray Secretary

Mark S. Brown Deputy Secretary

Dwight T. LovanCommissioner

MEMORANDUM

TO: All Insurance Carriers, Self-Insured Employers, Group Self-Insureds,

Regulated Facilities and Medical Bill Vendors

FROM: Dwight T. Lovan, Commissioner

Department of Workers' Claims

DATE: June 5, 2009

SUBJECT: 803 KAR 25:091 Hospital Fee Schedule

Pursuant to newly revised 803 KAR 25:091 (effective 06-05-2009), the Kentucky Department of Workers' Claims is required to calculate adjusted cost-to-charge ratios for hospitals each calendar year. Enclosed is a list of revised cost-to-charge ratios to be applied to all hospital bills submitted for services rendered on or after June 5, 2009.

To apply the hospital fee schedule, payors should review the UB-04, formerly the UB-92, billing form and documentation to ensure that charges arise from treatment of a compensable injury and do not include other miscellaneous errors. Once that has been done, the amount billed is then multiplied by the hospital's adjusted cost-to-charge ratio. This yields the amount due from the carrier or self-insured employer.

If you have any questions, please contact Carole Jacobs (502-564-5550, x 4445) or Pam Knight (502-564-5550, x 4449).

Enclosure

cc: Lucretia Johnson, Director

Division of Ombudsmen & Specialist Services

